

WHA, Members in DC to Discuss AHCA Meet with U.S. Senators Johnson, Baldwin



WHA and hospital/health system leaders meet with U.S. Sen. Ron Johnson in Washington, D.C. May 9 to discuss the AHCA.

The Wisconsin Hospital Association along with hospital and health system leaders were in Washington, DC May 9 and met with both of Wisconsin's U.S. Senators. The focus of discussion was the House-passed version of the American Health Care Act (AHCA) and the need to make key improvements in the Senate to protect Wisconsin's coverage gains.

"With recent House action on the AHCA, we now look to the Senate to correct the inadequacies of the House-passed bill," said WHA President/CEO Eric Borgerding. "Bringing stability to the insurance market, ensuring

coverage for hundreds of thousands of older, sicker or poorer Wisconsinites and recognizing the unique Wisconsin Model for coverage expansion all need to be addressed before moving forward."

Sen. Ron Johnson, part of the group of Republican senators put together by Senate Majority Leader Mitch McConnell to discuss Senate changes to the AHCA, indicated Congress should focus initially on stabilizing the insurance market and repairing the damage done by ObamaCare. *(continued on page 5)*

Fee Schedule Again Proposed for Worker's Compensation

On May 9, the manager's representatives to the Worker's Compensation Advisory Committee again put the idea of a government-established fee schedule on the table for discussion, as they did in 2013 and in 2015. The previous proposals have been strongly opposed by WHA, the Wisconsin Medical Society, the Wisconsin Chiropractic Association, the Wisconsin Physical Therapy Association and others in the health care provider community, and will again see similar opposition.

The Council is comprised of five representatives of labor and five representatives of management, and offers a chance for labor and management to come to agreement on policy changes they would like to see in the Worker's Compensation program. Typically, labor and management come to agreement and the agreed-to proposal is often adopted by the Legislature. The notable exception was in 2013-14, when the proposal included government-established reimbursement rates for providers. At that time, the bill failed to make it out of committee in the Legislature.

At the May 9 meeting, both management and labor representatives identified policies they would like to see in a bill that would eventually make its way to the Legislature. In addition to setting provider reimbursement at 150 percent of Medicare rates, management representatives also proposed allowing employers to direct care, meaning employers would be allowed to specify a list of health care providers who are authorized to provide care for injured workers. Currently, injured workers can choose their care

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provider. Manager's representatives also propose establishing treatment guidelines for care that would have to be followed unless a pre-authorization from the insurer was obtained.

Labor representatives also put forth their proposals, none of which included a fee schedule, directed care or treatment guidelines. Labor representatives are interested in helping to address the use of opioids and have asked the health care community for its assistance.

WHA and other health care groups are very concerned about the management proposals. Over the past several years, the health care community has worked to emphasize to the Council and legislators that a fee schedule puts at risk the excellent outcomes produced by one of the best worker's compensation systems in the country.

Joanne Alig, WHA senior vice president, policy and research and WHA liaison to the Council noted, "The data shows that injured workers in Wisconsin return to work faster than other states, have access to high-quality care, and are happy with that care. The data simply doesn't support the case for these proposals," she said.

Alig pointed to information provided to the Council earlier this year. Staff from the Worker's Compensation Research Institute presented data showing that Wisconsin has a relatively low percentage of workers who lose more than seven days of work after injury, has low litigation, steady utilization, the lowest number of injured workers reporting "big problems" getting medical services and the lowest percentage of injured workers who are "very dissatisfied" with overall care. With respect to medical prices, in 2014-2015, medical prices for non-hospital services grew just 1.8 percent.

In addition, the Council recently heard from Bernie Rosauer, president of the Wisconsin Compensation Rating Bureau (WCRB)—the independent agency that establishes rates charged by insurance companies for worker's compensation insurance coverage in Wisconsin—who discussed the positive attributes of Wisconsin's worker's compensation system. In a presentation provided to the Council, Rosauer reminded the Council that worker's compensation insurance rates decreased by -3.19 percent in 2016 for all job classifications in aggregate, but decreased even more for manufacturing at -5.00 percent. Rosauer noted Wisconsin has "got a good thing going" with its worker's compensation system, and other states are aware of Wisconsin's well-functioning system.

Wisconsin Ranked Top State for Nurses; Among Top Ten States for Senior Health

For those of us who live here, we know Wisconsin is a great state to live, work and play. But it is always nice to have an outside group confirm what we know to be true.

This week, Wisconsin came out on top in a WalletHub ranking of the best and worst states for nurses. The ranking was based on pay, the quality of the nursing schools, the number of elderly expected to be in the state in 2030, number of job openings, the number of health care facilities and work hours, to name just a few. See their methodology here: <https://wallethub.com/edu/best-states-for-nurses/4041/#methodology>.

In a recent panel discussion in Milwaukee, WHA Board Chair Catherine Jacobson voiced her concerns about workforce shortages, including nurses. She said the aging of the population in Wisconsin is significant for what it will mean for the health care delivery system and workforce needs.

While health care professional shortages loom, another ranking indicates Wisconsin providers are paying special attention to ensure older adults receive the care they need.

United Health Foundation's America Health Rankings Senior Report ranked Wisconsin tenth in the nation for senior health care, up three spots from the last report in 2013. *(continued on page 3)*

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Key findings in Wisconsin were:

- On clinical care measures, Wisconsin was the 7th best state overall, rating 5th in the nation in diabetes management, 4th on health screenings, and 9th on hospital deaths of Medicare decedents aged 65 years and over. Since 2013, hospital deaths decreased 30 percent from 25 percent to 17.5 percent.
- Food insecurity among seniors was low, while volunteerism was high at 7th best in the nation.

The report noted that in the past three years in Wisconsin, the geriatrician shortfall increased 19 percent, from 52.9 percent to 63.2 percent.

“While all states struggle to recruit physicians who specialize in caring for older adults, Wisconsin’s population is aging at a faster rate than many other states,” according to WHA President/CEO Eric Borgerding. “This report confirms that we must continue to focus on creating more opportunities in our state to educate and retain geriatricians, psychiatrists and other specialists in high-demand areas of medicine.”

That is why WHA is a strong supporter of a package of workforce, quality improvement and population health legislation known as the Rural Wisconsin Initiative (RWI). The legislative package provides matching grant funding for the training of advanced practice clinicians and allied health professionals in rural Wisconsin hospitals, state support for the expansion of quality improvement work provided by WHA and a one-time matching grant program to provide seed money for the development of medical wellness facilities and programs in rural Wisconsin. Read more here: www.wha.org/pubArchive/valued_voice/WHA-Newsletter-5-5-2017.htm#1.

“The Rural Wisconsin Initiative bolsters our state’s health care infrastructure by ensuring we have a workforce in place to care for our residents by creating in-state opportunities for health care professionals to complete their education and training,” Borgerding said. “We are very proud of the fact that health care is an economic development asset in our state. We want to do everything we can to ensure we have the workforce necessary to deliver high-quality, high-value care in all of our communities.”

Finance Committee Amends Budget to Include Practitioner Agent Clarification for ePDMP

WHA, member organizations testify to Controlled Substance Board on ePDMP rule

On May 11, the state’s powerful budget writing Joint Finance Committee took action on several areas of the state budget, including a provision that would further clarify the ability of a prescriber’s agent to review a patient’s record in Wisconsin’s Enhanced Prescription Drug Monitoring Program (ePDMP). The budget amendment would make it clear that a practitioner’s agent, on behalf of a prescribing practitioner, can fulfill the requirement that a patient’s ePDMP record be checked before prescribing a monitored drug.

Aligning the PDMP review requirements with accepted practices of agency and delegation was a priority of WHA and the WHA Physician Leaders Council to relieve unnecessary compliance burden with the PDMP mandate.

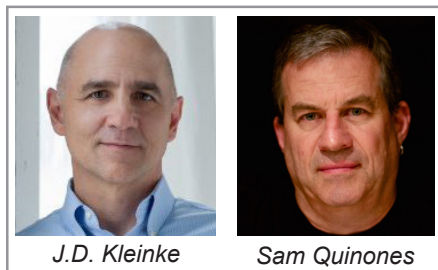
The amendment was put forward by Rep. John Nygren (R-Marinette), lead author of the Heroin, Opioid, Prevention and Education (HOPE) agenda to further clarify his intent that individuals supporting a prescribing practitioner are able to assist prescribers in using the ePDMP as a decision-making tool. The amendment passed unanimously by the Joint Finance Committee and will likely be included in the final version of the state budget presented to Gov. Scott Walker in the coming months. *(continued on page 4)*

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WHA, several other member organizations and the Wisconsin Medical Society provided testimony to the Controlled Substance Board (CSB) May 12 requesting additional clarification to regulations created by the board in emergency rule regarding the ePDMP mandate in Wisconsin. These comments, available at www.wha.org/Data/Sites/1/pdf/JointCSB4commentletter.pdf, focus on facilitating EHR integration and providing regulatory clarity regarding the review mandate to achieve a maximally functioning PDMP system that is carefully tailored to balance and recognize impacts on care delivery efficiency, clinical efficacy and quality of care, and the professional medical judgment of physicians and other prescribers.

For additional questions about the Joint Finance Committee's action as well as the recommendations proposed to the CSB, contact Matthew Stanford, WHA general counsel, at mstanford@wha.org.

Kleinke and Quinones Keynote 2017 Rural Health Conference, June 21-23



The 2017 Wisconsin Rural Health Conference will feature two outstanding keynote speakers, both focusing on important and timely topics. Opening keynote J.D. Kleinke is a health care economist and author who will provide an up-to-the-minute look at the realistic options for legislators looking to replace the ACA, while minimizing political damage to themselves and economic damage to health care insurers, providers and beneficiaries.

Friday morning's keynote speaker is Sam Quinones, freelance journalist and author of three narrative nonfiction books, including *Dreamland: The True Tale of America's Opiate Epidemic* (Bloomsbury, 2015). *Dreamland* was selected as one of the best books of 2015 by Amazon.com, Slate.com, the *Daily Beast*, *Buzzfeed*, *Seattle Times*, *Boston Globe* and the *Wall Street Journal*.

A variety of breakout sessions will give attendees the opportunity to examine and discuss models that are changing the delivery of and access to rural health care and ways in which data and technology are improving health care for rural populations. The conference will once again include the popular education track focused on governance issues, including succession planning for a new senior leader, a hospital trustee's role in physician recruitment and retention, and understanding CMS and state surveys.

The 2017 Wisconsin Rural Health Conference is scheduled June 21-23 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Make attendance at this year's conference a priority by registering today at www.cvent.com/d/w5qpcq.

Nurses Recognized with Specialty License Plate



A special license plate celebrating nursing, "Nurses Change Lives," was released this week by the Department of Motor Vehicles (DMV). According to the Wisconsin Organization of Nurses (WONE), the funds raised through sales of the license plate will be used to create a funding source for professional development, education and scholarships for Wisconsin nurses.

WONE is spreading the word about the plates by attending nursing conferences and meetings. Promotional displays and materials are available by contacting Jan Bauman at jbauman@dshealthcare.com.

There is a \$25 annual donation and a \$15 issuance fee for the plates. Learn more or order the plates online at <http://wisconsindot.gov/pages/dmv/vehicles/title-plates/nurses.aspx> or in person at any DMV office.

Call for Nominations: 2017 Global Vision Community Partnership Award

Nominations due to WHA Foundation by July 14



Honor one of your hospital's community health projects by submitting a nomination for a 2017 Global Vision Community Partnership Award, presented by the WHA Foundation.



This competitive grant award is presented to a community health initiative that successfully addresses a documented community health need. The Award, launched by the WHA Foundation in 1993, seeks to recognize and support ongoing projects that support community health.

Any WHA hospital member can nominate a community health project. The project must have been in existence for a minimum of two years and must be a collaborative or partnership project that includes a WHA member hospital and an organization(s) within the community. The official call for nominations for the 2017 Award is included in this week's packet.

Nominations are due July 14, 2017. Nomination forms can also be found on the WHA website at www.wha.org/global-vision-comm-partnership.aspx. For more information about the Award, contact Jennifer Frank at jfrank@wha.org or 608-274-1820.

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"Congress must ensure that coverage is available and affordable to Wisconsinites, and we agree with Senator Johnson that a good first step is to stabilize the insurance market. One way to begin doing so is by funding the cost-sharing reductions that have been available on the federal exchange," said Borgerding, referring to a provision that is currently in limbo due to a Republican lawsuit and which continues to roil the insurance market. "As deliberations move forward in the Senate, WHA will continue to work with Senator Johnson and provide him with the data, modeling and information he needs."



WHA and members meet with U.S. Sen. Tammy Baldwin in Washington, D.C. May 9

WHA and hospital leaders also met with U.S. Sen. Tammy Baldwin during their time on Capitol Hill. Baldwin indicated the health care system needs "constant tending" and that the House and the Senate should always be looking at ways to constructively improve the system. However, she indicated if the Senate chooses to move forward with the AHCA as passed by the House, this is a non-starter.

With respect to the AHCA, Baldwin highlighted not only do these changes impact people and their health care, but impact communities, the economy and jobs.

"We appreciated the opportunity to talk with Senator Baldwin and hear her strong support for Wisconsin's health care delivery system," said Borgerding. "We look forward to working with her on this and other important health care issues."